

217945

2009-288-T

FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
ATTN: DOCKETING DEPARTMENT
101 EXECUTIVE CENTER DRIVE
COLUMBIA, SOUTH CAROLINA 29210
(Mailing address: Post Office Box 11649, Columbia, SC 29211)
Office # (803) 896-5100 - Fax # (803) 896-5199

CLASS C - TAXI

DATE 7-16-, 20 09

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Norman L Townsend

2. (a) Street Address of Applicant 609 S Gaillard St
Florence, SC. 29506

(b) Mailing address, if different from street address
N/A

(c) Telephone Number 843-617-4447

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

RECEIVED

JUL 16 2009

PSC SC
DOCKETING DEPT.

7
B
Q

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: _____ Year: _____

Assets:	
Cash	1600
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	1600
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	1600

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF Flower

I, Norman L Townsend, Owner
(Name of Applicant's Representative) (Title)

of Norman L Townsend, the Applicant for the Certificate of Public (Applicant)
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

This the 16 day of July, 2009

[Signature]
(Notary Public)

Commission Expires: 2/12/2019

(Signature)

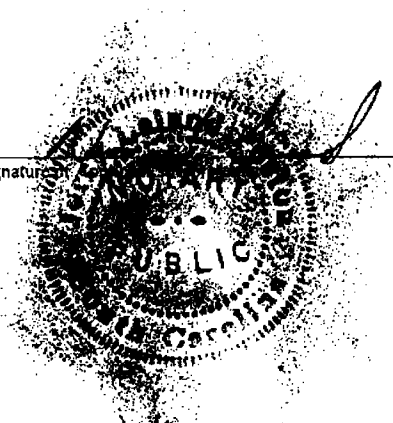


EXHIBIT C

CLASS C

TAXI 

CHARTER

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Norman L Townsend

For the transportation of passengers as follows:

Area to be served: Statewide

Number of passengers: 5

Fares: \$5.00 / mile

Date

7-16-2009

Norm L. Townsend
Applicant

Owner

Title

Rev.10/03

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier.

Date: _____

7/6-2009

(Applicant)

(Applicant's Representative)

(Title)

INSURANCE QUOTE

The following insurance quote is for:

Normand L Townsend

(Name of Motor Carrier)

1009 S. Gaillard St. Florence, SC. 29501

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance

3009

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

Canal Insurance Company

(Insurance Company Name)

1245 Celebration Blvd Florence, SC. 29501

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

7-16-2008

Date

Jerry L Poston

(Authorized Insurance Company Representative)

843-407-4090